

What is the name, date of birth, motorcycle instructor license type and number of each instructor employed by this motorcycle school?

Name	Date of Birth	License Type and License Number
_____	_____	_____
_____	_____	_____

Requirements for initial application for site/range :

1. A letter or certificate of occupancy from municipal code enforcement officials as proof of compliance with land use ordinances.
2. A letter from municipal or state fire officials as proof of compliance with fire safety regulations.
3. Proof of liability insurance as required by MSF. Range only.

License fees:

1. A \$50 fee for each classroom location.
2. A \$50 fee for each range location.

I certify that the information contained herein is true and that any changes will be reported to the Secretary of State, Bureau of Motor Vehicles within 30 days of the effective date of the change. agree any misstatement on this application shall be grounds for suspension, revocation, or denial of site certification.

_____	_____
Signature	Date

Make check or money order payable to Secretary of State or complete the credit card information below.

If you are paying by credit card and would like to fax your completed application to us, the fax number is 624-9158.

I would like to pay my license fee by charging it to my:

- ☐ Visa
- ☐ Mastercard

The amount to be charged to my credit card is:

- ☐ \$105.00 (Class C Vehicles)
- ☐ \$130.00 (Class A or B Vehicles)

Credit Card Number _____ Expiration Date _____
Month/Year

Your address that you receive your credit/debit card statement at: _____

Name as it appears on the credit card (please print) _____

Signature _____ This transaction cannot be processed without the cardholders signature.

Daytime telephone number of cardholder _____